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CONFIRMATION NO. 6387

<b>SERIAL NUMBER</b> 10/025,183	<b>FILING OR 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 279.391US1
<b>APPLICANTS</b> Jeffrey A. Von Arx, Minneapolis, MN; Keith Johnson, Shoreview, MN; Scott T. Mazar, Inver Grove Heights, MN; William J. Linder, Golden Valley, MN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 46
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 45458				
<b>TITLE</b> IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY SYSTEMS				
<b>FILING FEE RECEIVED</b> 1506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	